

12-1544

**ORDER**

AND NOW, this 4 day of April, upon consideration  
of the foregoing Petition, and attached Poverty Affidavit (if applicable), it is hereby ORDERED  
that the petitioner be excused from payment of the filing fee in this matter

BY THE COURT:

J. R. Rine  
J.

**FILED**

APR -5 2013

MICHAEL E. KUNZ, Clerk  
By \_\_\_\_\_ Dep. Clerk

## IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

Maria Mahmood

Plaintiff

vs.

National Board of Medical Examiners

Defendant

FAMILY COURT DIVISION

☐ Custody    ☐ Partial Custody  
☐ Visitation    ☐ Support

D.R. No.:

PACSES No.:

RECEIVED  
MAR 20 2013  
U.S.C.A. 3rd. CIR

FILED

MAR 20 2013

MICHAEL E. KUNZ, Clerk  
By SK Dep. Clerk

## PETITION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE, THE JUDGES OF SAID COURT:

(1) I am the (check one) ☒ **PLAINTIFF** ☐ **DEFENDANT** in the above matter and because of my financial condition I am unable to pay the required filing fee of \$ 455.00.

(2) I am unable to obtain funds from anyone, including my family and associates, to pay this fee.

(3) Check one:

- ☐ I am currently a recipient of the following type(s) of Benefits from the Pennsylvania Department of Public Welfare or Social Security Administration: (Check all that apply and be prepared to present to the filing clerk supporting documentation that you are currently receiving the benefits(s))
- • cash benefits
  - • medical benefits
  - • SSI

- ☒ I am not currently receiving cash or medical Public Assistance benefits, but I am attaching a completed Poverty Affidavit that verifies my financial condition, and why I cannot afford to pay the aforementioned filing fee.

I verify that the statement made in this Petition, and attached Poverty Affidavit (if applicable), are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

Date: March 19, 2013

Maria Mahmood

Name of Petitioner

Address: 14717 Exbury LaneLaurel, Maryland 20707